

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

2008 JUN 30

Reset Form

FORM-GB

Gift or Bequest Information received
by a department or accepted by the
Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Insurance Division, Department of Commerce	
Name of Department or Office 330 Maple Street	Des Moines, IA 50319
Mailing Address 515-281-8705	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Craig Goetsch	
Name	
Mailing Address (if different from above) craig.goetsch@id.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Centers for Medicare Services	
Name	
Mail Stop: C2-21-15 7300 Security Blvd., Baltimore, MD 21244	
Mailing Address 410-786-3076	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

May 30, 2008 **\$257,796.00**

Date of Gift or Bequest Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof.

Federal grant to operate Senior Health Insurance Information Program within the Insurance Division.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, **CRAIG GOETSCH**, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Craig Goetsch
 Signature

June, 30, 2008

Date